

# 6-MONTH DUI SERVICES

**INSTRUCTIONS:** This form is to be used for computing quarterly licensing fees due and reporting enrollment and participant data for the SIX-MONTH DUI program. See reverse for further instructions on completing this form.

<b>PART 1 - PROVIDER INFORMATION</b>
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1. Program Name (as shown on ADP license)	ADP License Number
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2. Street Address (θ Check if new address)
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3. City	County	Zip Code

4. Contact Person	Telephone (θ Check if new number)
	( )

PART 2 - LICENSE FEE COMPUTATION	
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5. Check quarter for which you are reporting. <b>FY</b>			
θ 1st Quarter	θ 2nd Quarter	θ 3rd Quarter	θ 4th Quarter
(July - Sept)	(Oct. - Dec.)	(Jan. - Mar.)	(Apr. - June)

0 4th Quarter  
(Apr. - June)

6. Enter months being reported		7. Number of new participants enrolled
Month 1.....		
Month 2.....		
Month 3.....		
8. SUBTOTAL new participants enrolled.....		
9. TOTAL Licensing fee due (multiply line 8 by \$10.00).....		\$

Month 3.....

9. TOTAL Licensing fee due (multiply line 8 by \$10.00).....

PART 3 - STATISTICAL INFORMATION	
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10. Quarterly total terminations for noncompliance.....		
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11. Quarterly number of reinstatements by court.....	
12. Quarterly number of transfers <b>from</b> other programs.....	
13. Quarterly number of transfers <b>to</b> other programs.....	
14. Quarterly number of successful completions.....	

14. Quarterly number of successful completions.....

<b>PART 4 – CERTIFICATION</b>	
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*I certify that the information in this report is accurate. I understand that the information in this report is subject to audit by the Department of Alcohol and Drug Programs.*

15. SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE	DATE
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# SIX-MONTH DUI SERVICES

## INSTRUCTIONS FOR COMPLETING QUARTERLY LICENSING FEE AND PARTICIPANT ENROLLMENT REPORT

### PART 1 - PROVIDER INFORMATION

1. Enter Program name as shown on license and number that appears on license issued by ADP.
2. Enter street address at which program is located.
3. Enter city, county and zip code.
4. Enter name of person to be contacted regarding information reported and their phone number.

### PART 2 - LICENSE FEE COMPUTATION

5. Check the appropriate quarter and enter the fiscal year for which information is being reported. DO NOT check more than one quarter or enter report data for more than one quarter on each form.
6. Enter the name of the month which you are reporting (e.g., January, February, etc.).
7. Enter the total number of new participants enrolled during the month. DO NOT count enhanced first offenders enrolled in a multiple offender program. DO NOT count or collect the ADP license fee for participants transferred in from another program or reinstated by the court. DO count and pay a license fee for "courtesy transfers" (e.g., persons who have been sent to your program by another program as a courtesy to the court, but who were never enrolled or reported to the State as being enrolled by the sending program).
8. Add the totals in column 7 and enter the subtotal here.
9. Multiply total enrollments shown on line 8 by \$10.00 and enter the dollar amount here. Please pay this amount.

### PART 3 - STATISTICAL INFORMATION

10. Enter the quarterly total number of participants dismissed from the program for noncompliance.
11. Enter the quarterly total number of participants reinstated by the court.
12. Enter the quarterly total number of completed transfers from another DUI program.
13. Enter the quarterly total number of completed transfers to another DUI program.
14. Enter the quarterly total number of completion certificates ISSUED during the month.

### PART 4 – CERTIFICATION

15. Report is to be signed and dated by the Program Director or designee.

**Payment is due within 30 days of the close of the quarter. Mail this form with a check for the total amount of license fees due to:**

**Department of Alcohol and Drug Programs  
Administration Division, Accounting Unit  
1700 K Street  
Sacramento, California 95814**

**Questions regarding completion of this form may be directed to the DUI Program Branch at (916) 322-2964.**